Supplementary File 3

Complication and Outcome definitions:

1. Acute lung injury: Acute onset (<7 days), PaO2/FiO2 < 300mmHg, diffuse-bilateral infiltrates on CXR, No signs of hydrostatic pulmonary edema (CVP ≤ 15 mmHg), no other risk factor for ALI.

2. Transfusion associated circulatory overload: Acute respiratory distress, tachycardia, elevated blood pressure, acute or deteriorating pulmonary edema, and positive fluid balance within 6 hours post-transfusion.

3. Acute kidney injury: One of the following: (1) ≤ 7 days, (2) Creatinine ≥ 1.5 times baseline (or increase of ≥ 0.3 mg/dL within any 48 h period), and (3) Urine volume < 0.5 ml/kg for ≥ 6h.

4. Nasocomial infections: Any positive result from blood, sputum, or urine cultures (requiring antibiotic use) within 48 hours of a blood transfusion or 7 days after discharge from the intensive care unit.

5. Acute myocardial infarction: One of the following: (1) a typical rise of troponin, a typical fall of a raised troponin, or a rapid rise and fall of CK-MB; (2) ischaemic symptoms (eg, chest, epigastric, arm, wrist, or jaw discomfort, or shortness of breath); (3) ECG changes indicative of ischaemia

6. Delirium: Impaired (i.e., decreased clarity of environmental awareness), cognitive changes (e.g., memory deficit, disorientation, language impairment, perceptual impairment), symptoms develop over a short period of time (usually hours to days) and tend to fluctuate throughout the day, and medical history, physical examination demonstrating that the complaints are due to an underlying organic general medical cause

7. Thromboembolic events: Additional diagnostic tests are performed in patients with high D-dimer levels: Serial bedside ultrasound, including the entire proximal and lower extremities will be performed to diagnose DVT, and computed tomography pulmonary angiography (CTPA) will be performed for PE.

8. Stroke: A new focal neurological deficit thought to be vascular in origin with signs and symptoms lasting more than 24h.